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Review

SANDRA SABATTINI - A PATRON OR ROLE MODEL FOR MEDICAL STUDENTS?
A Study of Medical Student-Patient Relationships

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SUMMARY

We examine whether Sandra Sabattini, a young Medical Student who was beatified by Pope Francis in 2021 should be seen as a role model for medical students, and potentially seen as their patron saint. We examine the difference between Patron Saint and Role Model. We make the case that, given the importance of the Doctor-Patient Relationship, there is need for Medical Students to have a Role Model. We examine the environment, philosophy, and methodology in which Sandra Sabattini worked and we examine how she related to patients, based on Eyewitness accounts. We identify that Sandra worked in a holistic way and related to patients in a very personal way. Thus we conclude that Sandra Sabattini is indeed a useful role model for medical students, further, we note her "pro-life" philosophy.

Key words: *Sandra Sabattini - holistic medicine - drug rehabilitation units - doctor-patient relationship*

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INTRODUCTION

It is true that in the Catholic Church, and from earliest times in its history, there have been Doctors, for example, Saints Luke, Cosmas and Damian, who have become Saints. Indeed, there have been two in Recent Times, San Giuseppe Moscati and Saint Gianna Beretta Molla. It needs to be said for the record that the story of these two doctors is very different. Moscati is known as a doctor who treated the poor, while Beretta Molla is most known for the ethical decision which cost her life. However, for our discussion, there never has been a medical student who has been beatified or canonised.

Recently, a young medical student, Sandra Sabattini, was beatified by the Catholic Church. In this paper we ask ourselves whether it would be appropriate for Sandra Sabattini to be established as a Patron Saint of Medical Students. And, perhaps slightly differently, could Sandra Sabattini be seen as a role model for our Medical Students in Malta and England? Does Sandra Sabattini fulfil any criteria which makes her life worthy of being the protecting or guiding saint of a group of people (wikipedia.accessed 2024), in this case Medical Students, and what would be the usefulness of such a role, and so, does Sandra Sabattini have anything to teach other students about how to behave, in particular, in their future profession? The reality is that the Role of Patron Saint is that of protector of the Group, while Being a Role Model is that a person who others look to as a good example. A role model is someone who is worthy of imitation and is someone who inspires others to imitate his or her good behaviour. Therefore, the two are different concepts (vocabulary.com accessed 2024).

Thus the two roles are different, but in fact, the role of "Role Model", which is essentially a concept of "usefulness" in terms of learning from the subject, is in a sense contained within the broader concept of "Patron Saint" or Protector, which is basically a "religious " concept, but "Role Model" is in some sense contained in "Patron Saint", because it is not conceivable that a "Patron Saint" would be chosen whose behaviour did not inspire the group to emulate the behaviour and actions of the subject.

Thus, in this paper, we will examine the beliefs and behaviour of Sandra Sabattini to see whether she is a role model for Medical Students in order to decide whether she could be seen as a role model for Medical Students in order to contribute to the discussion about whether she should be a Patron Saint For Medical Students.

We will first describe the problem and why Medical Students need a role model and a patron saint. Then we will describe why Sandra Sabattini could be such a role model and a patron saint.

THE PROBLEM FACED BY MEDICAL STUDENTS AND THE MEDICAL PROFESSION

In the 1980s and 90s, the General Medical Council of the United Kingdom expressed concern that we were taking into Medical School Keen Medical Students who wanted to do good to many persons, but were having them leave Medical School full of facts but not able to speak to and relate to Patients. These issues were articulated by the Royal College of General Practice (RCGP 1972) and eventually included in the Guidance

of the General Medical Council, which is continually updated (GMC accessed 2024). As a result The Medical School of Cambridge developed the Communication Skills Course, to which one of us contributed for several years; It was about teaching the Students how to relate to patients as people (Silverman 2005, 2013).

The Same problem arises in Malta, where reports have been made that often ward Rounds appear to happen in which the patients feel excluded from the discussion and so do not relate to doctors but instead relate to other members of staff. Indeed, one of us made an anthropological study on chronic patients in a Maltese Hospital. In this study, it was found that when doctors do not engage with patients, the patients engage with someone else in the team (Lindsley 2015, Woodhead 2015).

The researcher, who is one of the present authors, points out that dis-ease, which leads to human persons are admitted to hospital have two meanings; 1. A state of being where one is medically unwell. and 2. A state of being and mind where one is not in ease, that is, beyond the medical condition. However, It is crucial to point out that the one meaning is not to be considered as separate from the other. Indeed, when illness leads to hospitalisation, The illness is inevitably leads to an accompanying feeling of unease. People like to hold on to their norms – what for them is normal to see, do, act, feel, think, etc. However, this state of being is completely upset when one is in hospital as a patient. In that situation, the patient is forced into a system that does not represent his/her personality at all; and in many terms, the patient is in a completely alien situation. Therefore, the patient will stretch out and latch on to whatever element that he/she perceives as stable and consistent. In wards where patients stay, over potentially long periods of time, the patient, in his/her state of dis-ease, will tend to attach himself /herself to persons who are perceived as stable and consistent. The problem for the doctors is that they can appear different from the patient and difficult to relate to in a number of different ways; This can include their attire– doctors need to be distinguished by their formal wear, white coats, and even stethoscopes (Lindsley 2015). Also, Doctors use their own Language – doctors talk medical, technical, talk, considered difficult to understand by the patients (Lindsley 2015). The doctors, also tend to leave the ward after a brief ward-round interaction. Often, in ward-Rounds, the patients, already not at ease, do not therefore feel engaged with by the doctors, because of these factors, which include the doctors ' own body language (Woodhead 2015, Lindsley 2015, Agius 2014).

By contrast, the staff nurses are the regular ward nurses, are present all the time on the ward, and so become familiar. Therefore the nurses end to become that focal point that patients with turn to (voluntarily or otherwise). Anther professional to whom the patients appeared to relate to well was the hospital chaplain. As with the ward nurses, his demeanour is perceived as safe, constant and familial. Nurses have simple recognisable and acceptable uniforms, and the chaplain typically wears a plain tunic or casual clothes. The nurses were always on the ward and therefore were available, and the chaplain was contactable on demand (Woodhead 2015, Lindsley 2015).

Because of these factors, it became clear that the patients were more likely to relate to the nurses, or even to the chaplain than to the doctors (Woodhead 2015). It was clear that these latent boundaries effected the patients' being in dis-ease, and therefore affected their healing process (Woodhead 2015). The researcher commented that the notion of familialiality is recreated in hospital through those individuals who are perceived as safe by the patients – who, like within a normal family – are present, consistent and part of the patient's normality (Woodhead 2015). It is a concerning fact that the doctors, who were the most important decision makers in the patient's care, were least able, because of the factors we have mentioned, to relate to the patients (Woodhead 2015). Indeed, Woodhead et al comment, the inability of the doctors to utilise communication skills is that patients develop meaningful relationships with other groups of professionals, to the extent that they consider them as part of an extended family. Doctors remain isolated from all these relationships and only relate to patients from a position of power (Woodhead 2025). This is indeed unfortunate, since, the definition of a medical consultation is 'The occasion when, in the intimacy of the consulting room, a person who is ill, or believes himself to be ill, seeks the advice of a doctor whom he trusts' (Spence 1960). It is therefore TRUST between the patient and the doctor which is at stake here.

THE RELATIONSHIP WITH PATIENTS

The understanding of 'the Other', the Patient, who is also a Human Being, which is so important in Medicine, is crucial to the work of a medical student and of a young doctor. This is described as 'Empathy' by the Great Psychologist and Philosopher Edith Stein, Now Saint Teresa Benedicta of the Cross (Stein 1917).

THE STUDENTS AND BEING A ROLE MODEL

Medical Students at a university have to live under important stress. There is the stress of studying a very complex subject so that they learn it all, for they must be trained to be safe doctors. There is also the stress of their personal life, as they grow into adults and form relationships. It is the duty of the teaching staff, made up of doctors, to bring them up to be good physicians who will help many other human being in their lives as doctors.

One of us will always recall what one of my students said to me one day, during an international conference ''Here is the problem.... sixty per cent of medical students in Cambridge are Female, and of these, Ninety per cent do not have a doctor in the family to show us how it is done; what we need are Role Models". One can take pride at receiving this appeal, but this puts a serious responsibility on medical teaching staff.

THE PROBLEM OF HOW TO RELATE SANDRA'S WORK WITHIN ITALY AND ITS MEDICAL SYSTEM TO THAT OF OTHER COUNTRIES

One problem in the identification of Sandra Sabattini as a role model for medical students is that her experience in the University of Bologna Medical school is whether Sandra's experience and studies are relevant to those of other countries such as Malta and England. The basic issue here is that the Italian system is exceedingly theoretical as compared to the English or Maltese Medical School system. Thus In England/ Malta, Students do two years pre-Clinical studies followed by three years working and studying clinically on the wards. In Italy, by contrast, students do four years pre-clinical theoretical studies, and only go on to the wards in their last, fifth year. This means that Sandra died during her fourth year, and so had not gone on to the wards yet. However, by good fortune, for several years, including all the years of her medical training, Sandra had been working on the Drug Rehabilitation units run by the John XXIII Community, and so we can examine how Sandra Related to the 'patients' there. Therefore it becomes very important to describe the functioning of these units. It turns out that these Drug Rehabilitation units were very professionally run, according to high professional standards, and also to specifically Christian standards, and are comparable to Drug Rehabilitation units within a hospital or community psychiatric setting. It is therefore very apposite to describe the units and the operating standards.

THE DRUG REHABILITATION UNITS

Here are the Basic (Christian) Principles of the John XXIII Community Drug Rehabilitation units; We believe some concrete elements to be of fundamental importance in the path to the rehabilitation of drug abusers: (1) the need for prayer (a universally present fact among all people); (2) the need to feel welcomed, accepted and even forgiven by life and reality, which is perceived as the ultimate goal of human existence; (3) the need for redemption, that is, purification; (4) the need for deep, introspective work which does not stop at the most superficial psychological dynamics; (5) the need for motivations which derive from the relationship with the 'Totally Other', and not the exclusive self (Comunita Papa Giovanni XXIII 2011).

The Role of the "operator", that is, the clinician working with patients/clients in the unit is described thus; The team consists of a manager and a group of operators who work according to precisely defined roles, depending on each person's skill set (Comunita Papa Giovanni XXIII 2011). Experience tells us that the therapeutic community works and obtains results only if the group of operators is united and live in harmony with each other(Comunita Papa Giovanni XXIII 2011). The main concern is therefore for the adequate training of operators, such as: education in self-criticism and the ability to correct each other; the ability to truly listen to the other person; education in sharing responsibility (with a clear distinction between each person's responsibility); constantly focusing on the importance of spiritual aspects, both personally and of the group, being aware of the fact that inner work always starts from the true welcoming of the person, especially those who are poor, rejected and with limited means(Comunita Papa Giovanni XXIII 2011). The operator will focus on his/her own behaviour, rather than on enforcing tasks or rules, creating a sense of integrity in everything that is carried out. The abuser undergoing rehabilitation clearly perceives if the operators are merely workers or if they truly love and care for him/her (Comunita Papa Giovanni XXIII 2011). What the operators say assumes meaning only if it is supported and proved by their own example (Comunita Papa Giovanni XXIII 2011).

The rehabilitation model of the Comunità Papa Giovanni XXIII consists of various activities. These include:

Rehabilitation and therapeutic activities.

These are carried out together with the operator both individually and in group sessions. Operators are required to encourage users to perform critical reviews on the events of their lives, beginning with their first memories of childhood, in order to acquire self-knowledge. These tasks are always supported and discussed directly with an operator. Prayer is of fundamental importance. (Comunita Papa Giovanni XXIII 2011)

Family rehabilitation

In parallel with the rehabilitation of drug abusers, the Comunità carries out monthly meetings with abuser's families, assisting families to solve their own problems in order to be ready to welcome their son or daughter back into the family. (Comunita Papa Giovanni XXIII 2011)

Work activities

These are important activities which help our young people to acquire a sense of responsibility, to mature and learn how to face difficulties. (Comunita Papa Giovanni XXIII 2011)

Recreational, cultural and sports activities

These activities are many and various and include reading newspapers and books, watching selected TV

programs, and engaging in sports, eg. football and volleyball tournaments help to build both individual esteem and team work. (Comunita Papa Giovanni XXIII 2011)

In addition, those who had stopped their studies are given the chance to pick them up again(Comunita Papa Giovanni XXIII 2011). Great importance is given to developing and stimulating creativity and personal abilities (Comunita Papa Giovanni XXIII 2011).

The therapeutic recovery program is structured in the following three phases (operating 24 hours a day) (Comunita Papa Giovanni XXIII 2011):

- *Phase 1. Admission Centre:* drug abusers who are recommended to join our centre are welcomed in the admission centre (Comunita Papa Giovanni XXIII 2011).
- *Phase 2. Therapeutic Community:* abusers enter the therapeutic community environment and carry out the rehabilitation program (Comunita Papa Giovanni XXIII 2011).
- *Phase 3. Re-integration into society:* Once rehabilitated, they move to the reentry phase, where they learn skills to re-enter into the wider community (Comunita Papa Giovanni XXIII 2011).

There is no predefined timeframe for each phase, but rather, they take into account the personal development and progress of each individual person(Comunita Papa Giovanni XXIII 2011). On average, the duration of the entire program is between 24-36 months (Comunita Papa Giovanni XXIII 2011).

The Therapeutic Recovery Program in its phases had the following content:

Phase 1: Admission centre

The purpose of the first phase is to accommodate drug abusers in a protected environment for a brief period of time for observation and diagnosis, in order to identify an appropriate plan for each individual's rehabilitation program (Comunita Papa Giovanni XXIII 2011).

Detoxification programs can also be introduced in this phase, for the purpose of recovering mental and physical health (Comunita Papa Giovanni XXIII 2011). The admission facility provides patients with the following treatment goals:

- Detoxification;
- Controlling cravings in a protected environment;
- Removal from problematic environments;
- Fulfilling of basic needs:
- Developing plans for a personalised project, aided by observations made by operators;
- Reacquiring correct biological rhythms;
- Ability to adhere to rules;
- Building motivation to carry through to completion of the treatment;
- Relational development with educators (therapeutic alliance) as well as with their peer group;
- Gaining a closer relationship with their family of origin and/or their carers/custodians (Comunita Papa Giovanni XXIII 2011).

Phase 2: Therapeutic Community

This phase continues the course of action with appropriate and targeted methods.

The objectives of this phase are:

- Building and maintaining motivation;
- Developing and maintaining interpersonal relationships with educators;
- Therapeutic alliance and their peer group;
- Setting values as a point of reference;
- Changing perspectives on past experiences;
- Acquiring a true sense of self awareness and awareness of personal and family dynamics, through the rediscovery of personal resources and acceptance of personal limitations;
- Recovery and/or development of family relationships (Comunita Papa Giovanni XXIII 2011).

Phase 3: Re-integration into society

Re-integration into society is the culmination of all the phases of rehabilitation.

The purpose of this phase is to accompany rehabilitated users towards achieving personal independence, and supporting them in this final phase by consolidating all the positive outcomes from the course of therapy.

In this final phase the rehabilitated person is supported by trained educators to carry out daily occupational therapy activities as well as on-site experiences with external companies and institutions.

These experiences enable the rehabilitated person to practically apply the lessons learned during the course, confronting their own difficulties and limits, while discovering and developing their personal qualities.

Activities focus on the following areas: Money management, time management, developing a sense of responsibility, regaining relationships between the rehabilitated user and their nuclear family or carers/ custodians, ability to plan personal projects and interactions with their local surroundings and resources. (Comunita Papa Giovanni XXIII 2011)

We are aware that Sandra took part in all these activities. Therefore it is clear that Sandra functioned as a clinician, referred to as an in the setting of a therapeutic centre which is equivalent to a hospital or community based unit.

It is worthwhile, in order to understand Sandra, to describe the basic Christian Philosophy of the unit in which she worked. This can be summarised as depending on the concepts, articulated by Benzi, of the Minimi and of " condividere" or "direct sharing".

THE "MINIMI" (TRANSLATION - THE LEAST ONES") AND DIRECT SHARING

Because Sandra worked in a specific situation, which is heavily influenced by Don Oreste Benzi's teaching, it is necessary to describe the context in which she worked, including some of the religious teaching she received from her spiritual directors.

Don Oreste Benzi taught his Organisation, including Sandra, to see Christ in the poor, who he called ''I minimi" - the least.

It needs to be asked, whether it was realised that a rich man with a serious diagnosis e.g. Cancer, also became a 'minimo', with all the fears and worries which a doctor must help, so that, for a doctor, every patient is a "minimo". The answer to this question lies within the definition of the concept " condividere" or "direct sharing".

Don Oreste encouraged his followers to share 'condividere' their lives with the poor. - 'Condividere' is a stronger word than 'sharing' – the obvious translation... it implies 'living with' other persons, who are whole persons in their own right. A Document in which the work of the Theraputic Communities is described (Comunita Papa Giovanni XXIII 2011) translates "Condividere" as "Direct Sharing". It Comments; *"A fundamental characteristic of the Comunità Papa Giovanni XXIII is centred around the concept of 'sharing', where members are directly involved in the lives of the poor and the marginalised of society, sharing in their pain and supporting them in their difficulties. According to Comunità Papa Giovanni XXIII, the concept of direct sharing carries an enormous weight also in educational and rehabilitative activities. The objective is to seek and maintain a genuine relationship with the affected person, bearing in mind that 'doing it together' comes before 'what to do' The concept of direct sharing is taken from the the Comunità Papa Giovanni XXIII Family Home, an ideal model initiated by the Associazione Comunità Papa Giovanni XXIII. This model, with appropriate modifications, is used in drug rehabilitation facilities where operators become truly significant figures in the lives of abusers. Direct sharing is an essential aspect for those who work in the Cominità Papa Giovanni XXIII, and is therefore fully supported by appropriate professional training in order gain necessary personal, professional and teamwork skills to deal with complex and sensitive cases such as drug abuse."* (Comunita Papa Giovanni XXIII 2011).

A colleague and friend of Sandra has explained the philosophy of direct sharing and its use in the Drug Rehabilitation units thus;

"The method of 'Comunità Papa Giovanni XXIII' Drug Rehabilitation units is based on a holistic approach, placing importance on all the dimensions of the human being: physical, psychological, social and spiritual. In facts, psychological, spiritual and personal problems are at the root of any kind of addictions. Our more than 40 years experiences have revealed that many substance abusers reach a state of loss and disconnection with their existence, asking vital life questions about the meaning of existence, the meaning of life, death, suffering and destiny. Adequate answers can only be found through a personal search for a reality which exists beyond our being, through a commitment to search for Absoluteness. Direct sharing is an essential aspect for those who work in the 'Comunità Papa Giovanni XXIII' Drug Rehabilitation units." (Santamato 2024).

This, therefore, was the philosophy of care that Sandra Sabattini implemented from her very start of her work within the therapeutic community. Geppi Santamato, another worker in the community who worked beside Sandra commented; *" The method of 'Comunità Papa Giovanni XXIII' Drug Rehabilitation units is based on a holistic approach, placing importance on all the dimensions of the human being: physical, psychological, social and spiritual. In facts, psychological, spiritual and personal problems are at the root of any kind of addictions."* (Geppi Santamato 2024).

It is now important to discuss what the impact that Sandra had on Patients was. We are not examining Sandra's Proficiency at delivering treatment, but the Attitude by which she delivered it.

We have a precious testimony of a doctor, now a Consultant Paediatrician who works with Aids Patientsd who knew Sandra at Medical School. This, are her direct words.

"Looking back on the things we said to each other, I reflected on a fact that had escaped me: we medical freshmen were studying a subject which is to try to understand how man is made and from there learn how to heal him when he "falls short". Then we believed that healing consisted only in giving a tablet, or in an operation; It was only over time, at least for me, at the ripe old age of 50 and after 20 years of hospital practice, did I realize that there was something that was escaping me, and I only noticed this when I started attending the San Patrignano hospital in the HIV sector (because I follow the HIV positive children in the hospital), I began looking at people with a different eye, i.e. in the anamnesis, I looked not only at the clinical history but also at the psychological events of the patient; here I realized how the psyche is involved in the pathology of the body: it is not separated. Here then emerges the idea that the soul can and does partly govern our health... and so I come to the point... (it's not easy for me to explain this concept...) I believe that Sandra caught this intuition right away, s he went to the crucial point: healing the body, but first of all healing the soul, the spirit of the body. So here she was on the "ward" before me, she had understood this concept, which was then well known to Hippocrates, but which Modern Medicine has certainly not embraced, indeed it has done the opposite, eliminating the spirit as if it did not exist and in any case as if it were the result of enzymatic movements and intracellular chemical mediators,

and then breaking down the body with the various specializations (the doctor's ability to evaluate the patient as a whole has been divided) so now you go to the cardiologist and talk to him about the your 'physical heart', but not the psychological pain of your heart... I don't know if I get the idea. Here is what I think Dr. Agius of Malta has been looking for when he says that he wants to grasp something about Sandra… she grasped this thing before me… "healing the soul first and then the body", she was preparing for this, which it will be the new Medicine, because the current one, inevitably, will implode on itself as it is in fact already doing." (Rinaldi 2023).

Thus, it is clear that Sandra is practicing Holistic Medicine, treating Mind, Body and Spirit. This is evidenced by the statement from the testimony above. "I believe that Sandra caught this intuition right away, she went to the crucial point: healing the body, but first of all healing the soul, the spirit of the body." This is also what was has been said of San Giuseppe Moscati; he was a very technically effective clinician, but he too had a Holistic Approach, curing both mind, spirit and body. Arguably, this holistic approach could be said to be the Hallmark of the Catholic Doctor (wikipedia.org Giuseppe _Moscati accessed 2024)

However, the best evidence is the account of Sandra's impact on one of the patients she treated. This has already been published elsewhere, but here we a anonimise the account, in order to give privacy to the patient (Scarmagiani 2020).

Sandra Sabattini was a therapeutic worker at the Reception Centre, where a young man, recently released from prison, met her in October 1981. "Initially it wasn't easy to relate to her, due to my personal difficulties, especially with girls; I was scared and wary. But in a short time her simplicity and hospitality crumbled my resistance. Her ability to listen and her way of relating made me feel at ease and above all, not judged." Sandra's joyful and hospitable nature made her interactions with patients warm and impactful. "She always smiled, she knew how to convey to me the desire to live and to get involved. I soon became very fond of her." This man's testimony highlights Sandra's remarkable ability to connect with and support those in need, fostering a sense of belonging and hope. "Her joy of living was very contagious – he continues – I was struck by her ability to make me open up, to help me overcome crises of sadness, to always have answers to my questions." Sandra's deep faith and her genuine care for others left a lasting impression on the young man and others at the community. "She was a simple girl," concludes the young man, "she loved nature very much, she played and worked with us with a disarming naturalness. You could hardly see any flaws in her: she was good and got along with everyone, never a quarrel, never a complaint, she had a positive thought for each of us." Sandra's impact was profound, and her memory continues to inspire those who knew her (Scarmagiani 2020).

We can also accept the testimony of a lady who had worked with Sandra in the Therapeutic Unit. This lady says in an e-mail to one of us;

"Sandra puts into practice all the operator characteristics better than all of Us. Sandra, with her deep empathy, was directly involved in the life of the addicts and she saw them as her brothers. So, they felt she was close to them and they confided in her. In her Diary there are no particular entries from her experience in therapeutic communities: I am an 'eye Witness' of haw Sandra Related to the persons in the Drug Rehabilitation units and I can say that She felt all of Us like brothers, recovering addicts and operators in the same way..." (Santamato 2024).

The witness quotes Sandra's diary from the entry of 16.8.1982; *"Help me to be honest and pure of heart with my brothers who share life here with me, and with Guido. Help me to feel You close on the path that I am following. I am so small and dull, but I know that with You I can do great things."*

The witness ends: *" She used to treat recovering addicts with honesty and simplicity, sharing with them every day routine: working, eating, talking, praying, free time spending."*

It is really interesting that, in this entry, Sandra sees her relationship to the patients, to her fidanzato (Guido) and to the other operators of the unit as similar, like the same spectrum, and to all of them she wishes to relate in the same basic way. In another entry of the diary, she describes that way....it is communicating herself.... *"I can't oblige others to think like me, even if I think it is right,"* she wrote in her journal at age 16. *"I can only let them know my joy."*

It is beyond the scope of this paper to discuss Sandra's Spirituality in depth, But it is clear to us that Sandra can relate to the Other Person in a Holistic and Empathic way,and that she writes, as we shall see, in a very beautiful way about Life. We believe that she can only do these things because of her deep spiritual life in union with God.... one day she simply wrote *''God I choose you"*

WAS SANDRA 'PRO LIFE'?

Because of the introduction of Abortion services, Invitro fertilisation, and storage of embryos, today all doctors have to at some point in their career, take a position for or against life.In Sandra' time the situation was perhaps not so acute. The Pope John XXIII Community is now the largest Pro Life Counselling Service in Italy. However that Service was formed after Sandra died.However, Look at what Sandra wrote some days before she died... this writing is very definitely in favour of Life... Sandra wrote...

'This life is not mine It is evolving rhythmically through a regular breath that is not mine, cheered by a peaceful day that is not mine. There is nothing in this

world that is yours. Sandra, realize it! It is all a gift in which the "Giver" can intervene when and how he wishes. Take care of the gift given to you, make it more beautiful and full for when the time comes...' (Sandra Sabattini Diary).

Sandra is a fourth year female medical student, who knows about all the potentiality of her body, but even more so of the potentiality of Her whole Being. She clearly is very aware of the beauty of Life, and also that it is given by God... and she writes with the perspective of having developed a deep relationship with God. Therefore these words must be seen as supporting 'Pro Life' views, that is, a view of life which sees life as being a gift of God. Such a view would be expected given Sandra's Catholic Faith. Another Example is from the Diary 1981; *"Sandra, love everything you do. Love deeply the minutes you live, which you are allowed to live. Try to feel the joy of the present moment, whatever it is, to never miss the connection."*

SANDRA SABATTINI: A GOOD ROLE MODEL FOR MODERN MEDICAL STUDENTS

In our View, Sandra is a very good Role Model for Modern Medical Students, beset with all the pressures of modern society and even medicine to live for the moment, to use medicines to manipulate key bodily functions, and to learn how to even manipulate life or death.

Instead, with Sandra, they will discover the God who lives within them, and will learn to do good to so many other Human Persons.

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References

1. *Agius M: The medical consultation and the human person. Psychiatr Danub 2014; 26(Suppl 1):15-18*
2. *Comunita Papa Giovanni XXIII: Therapeutic Communities. Symposium held in Australia Paper Read, 2011*
3. *General Medical Council Good Medical Practice https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/good-medical-practice accessed 14/07/2024*
4. *https://en.wikipedia.org/wiki/Giuseppe_Moscati accessed 16/07/2024*
5. *https://en.wikipedia.org/wiki/Patron_saint accessed 16/07/2024*
6. *https://www.vocabulary.com/dictionary/role%20model Accessed 14/07/2024)*
7. *Lindsley I, Woodhead S, Micallef C, Agius M: The Concept of Body Language in the Medical Consultation Psychiatr Danub 2015; 27(Suppl. 1):S41–47*
8. *Rinaldi G: eye witness E Mail from Geppi Santamato to Dr. Mark Agius Sun. Jan 1 2023*
9. *Royal College of General Practitioners: The Future General Practitioner, 1972*
10. *Sabattini S: Diary Translated by Mark Agius. English Sempre Editor, 2023*
11. *Santamato G: eye witness E Mail to Dr. Mark Agius, 2024*
12. *Scarmagiani M: Sempre News Thanks to Sandra I found Salvation (Grazie a Sandra ho trovato la salvezza) Sempre News, May 5th 2020*
13. *Silverman J, Kurtz S, Draper J: "Teaching and Learning Communication Skills in Medicine" (Radcliffe Publishing Second Edition, 2005)*
14. *Silverman J, Kurtz S, Draper J: "Skills for Communicating with Patients" (Radcliffe Publishing Third Edition, 2013)*
15. *Spence J: The purpose and practice of Medicine. London: OUP, 1960*
16. *Stein E: Zum Problem der Einfühlung Halle: Buchdruckerei des Waisenhauses, 1917*
17. *Woodhead S, Lindsley, Micallef C, Agius M: The doctor Patient Relationship; What if Communication skills are not used? A Maltese Story. Psychiatr Danub 2015; 27(Suppl. 1):34–40*

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